



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS

CAREER INCREMENT REQUEST

Note – Pay adjustments will be effective on the first day of the pay period in which the anniversary occurs. (unless mandated differently by contract)

Employee Name: _____ Employee ID#: _____

_____ I certify that this employee has completed their _____ year, and has met all training requirements per the 5 year plan for this classification.

_____ I certify that the employee meets the performance requirements as identified in the Union contract or 5 year plan for the classification.

Additional information or instruction:

Supervisor Signature _____ Date _____

Human Resources Review:

Broadband Classification Title (not working title): _____

Hire Date into present job/classification: _____

Years credit for prior experience (if applicable) and explanation for adjustment:

Requested Base Pay Rate: _____ Effective Date: _____

I certify that I have reviewed this request, confirmed the proposed rate and agree that the employee is eligible for pay advancement.

Human Resources Bureau Signature _____ Date _____

Payroll Processing:

Pay Adjustment made by _____ on _____
Initial *Date*

Copy to: Payroll Records
Personnel File
Budget